

2665

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Randy C. WILLIG
Title: PORTABLE INTERNET BROWSER DEVICE WITH CORDLESS PHONE MODULE AND METHOD OF OPERATION
App. No.: 09/669,709 Filed: September 26, 2000
Examiner: MAIS, Mark A. Group Art Unit: 2665
Customer No.: 34456 Confirmation No.: 5496
Atty. Dkt. No.: 1458-P04362

Mail Stop AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

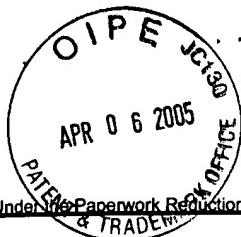
Dear Sir:

In response to the Office Action mailed January 4, 2005, please amend the above-identified application as follows:

Claim Amendments begin on page 2.

Remarks begin on page 8.

CERTIFICATE OF TRANSMISSION/MAILING	
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Molly K. Harrison Typed or Printed Name	Signature



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

11

Application Number	09/669,709
Filing Date	September 26, 2000
First Named Inventor	Randy C. WILLIG
Art Unit	2665
Examiner Name	Mark A. MAIS
Attorney Docket Number	1458-P04362

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement (including 4 non-US references)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

CUSTOMER NO.: 34456

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	Ryan S. Davidson		
Date	4 Apr 1 2005	Reg. No.	51,596

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Signature			
Typed or printed name	Molly K. Harrison	Date	April 4, 2005

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